

manner of occurrence the author likens them to the protopathic stage of sensibility and the mass-reflex. A. WOHLGEMUTH.

*Parergastic Reactions and Reaction Types; Schizophrenia. (Arch. of Neur. and Psychiat., May, 1929.) Hohman, L. B.*

The author traces the gradual development of the idea of schizophrenia from the Kraepelinian concept through the theories of Bleuler and of Adolf Meyer. He thinks that the word "parergastic," which may be translated paradoxical activity, may very well be substituted for the word "schizophrenia." This was originally the suggestion of Adolf Meyer. The parergastic reaction is a type of reaction arising from poorly developed habits of adjusting to other people and to new circumstances, with a tendency to retire from situations rather than meet them by decision; it is seen as arising further from an under-development and undertraining of adequate affective responses to situations and people. It is characterized by an absence of moods, unless the situation is acute, when there are outbursts of rage; by a tendency to seek compensatory satisfaction in ruminating and day-dreaming; a tendency to avoid concrete activity; a willingness to live in an imaginary world without any translation of wishes and desires into realized ambition, and the development of a sexuality divorced from other people. The primary principle of the parergastic reaction is an attitude of passivity. Affective admixtures argue for benignity; an acute onset is prognostically better than an insidious one. A shut-in personality is more unfavourable than an out-going personality.

G. W. T. H. FLEMING.

*Personality Changes in Children following Cerebral Trauma. (Journ. of Nerv. and Ment. Dis., April, 1929.) Kasanin, J.*

The author found that 10% of his cases originally diagnosed as psychopathic personalities had had serious brain injury during childhood or adolescence. The conduct disorder in many respects resembled that following epidemic encephalitis. All these cases were treated first as functional cases with extensive psychotherapy, exploration and change of environment, and it was only after repeated failure of the treatment that it was felt that the cases were of definite organic aetiology. The author thinks that in these cases there is a tendency towards adjustment on a somewhat lower level. He aptly points out that we do not know what effect difficult labour with the application of high forceps may have upon a child. Inability to stand heat and shut-in places are considered to be diagnostic of post-traumatic states. Encephalography is a very important procedure for demonstrating cerebral atrophy. From the point of view of treatment, the author points out that special training in correctional institutions under intelligent supervision is useful in developing conduct. Soon after the accident the child should be removed to the country away from all excitement and stimulation.

G. W. T. H. FLEMING.

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